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**\*BIBDATASHEET\***

CONFIRMATION NO. 7731

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/783,880	<b>FILING OR 371(c) DATE</b> 02/19/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 2502187.991100
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/450,243 02/25/2003  
 and claims benefit of 60/450,598 02/26/2003  
 and claims benefit of 60/451,091 02/28/2003  
 and claims benefit of 60/452,304 03/04/2003  
 and claims benefit of 60/451,981 03/04/2003  
 and claims benefit of 60/452,591 03/06/2003  
 and claims benefit of 60/456,379 03/20/2003  
 and claims benefit of 60/456,586 03/21/2003  
 and claims benefit of 60/458,861 03/27/2003  
 and claims benefit of 60/472,056 05/20/2003 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*

\*\* 05/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 145	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

54412

**TITLE**

SELF-CONTAINED, EYE-SAFE HAIR-REGROWTH-INHIBITION APPARATUS AND METHOD

<b>FILING FEE RECEIVED</b> 1639	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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